

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	H-S	266	1/30/01 02.15.001
<b>RESPONSE FORMALITY REVIEW</b>			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	125		
2	✓		
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5	✓		
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7	✓		
8	0	0	
9	✓		
10	✓		
11	0	0	
12	✓		
13	✓		
14	✓		
15	0	0	
16	✓		
17	✓		
18	0	0	
19	✓		
20	✓		
21	0	0	
22	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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